To prevent hemorrhage, a ligature was applied tightly round the base of the protrusion, which was then cut off. Nevertheless, two arterial twigs bled very freely, and it was found necessary to take them up, and a double ligature was also passed through the stump, and tied on either side, when all bleeding ceased. No attempt was made to return the portion of liver which still filled up the wound, as it was of course desirable to prevent all risk of blood or of bile being extravasated into the cavity of the abdomen. For a day or two the patient was rather low, and had slight irritative fever, and the bowels remained costive. These symptoms, however, yielded to a few doses of purgative medicine, and in nine days the ligatures came away along with a small slough of liver; the wound granulated and healed, and the man returned to his home in three weeks. No bilious discharge occurred from the granulating surface of liver. The portion of liver removed, after having lost its blood, and being in spirits for some weeks, weighed 1¼ oz. Its surface is uneven, though not torn, and it is probably a portion of the edge of the right lobe, from near the notch between it and the left.

It is difficult to explain how so large a portion of liver could have protruded through so small a wound, even if allowance be made for the size of the wound being diminished by the contraction of the abdominal muscles, and for the protruded portion becoming congested.

It is unnecessary here to allude to wounds of the abdomen generally, or of the liver in particular, (for in this case the liver does not seem to have been wounded,) or to the extraordinary recoveries from almost every variety of them. Such cases are innumerable.

It has long been known, from the experiments of one of the Monros, that rabbits have suffered very little from having portions of their livers cut off. It was also known, that patients live for years after the loss of very considerable portions of liver by hepatic abscess, and may exist for months, with the whole liver converted into a mere cyst; but the actual removal of a considerable portion of the liver from the human subject, with so very little constitutional disturbance, even allowing for the patient being a native, is a fact of considerable interest in medicine and in physiology.

I may add, that the patient complained of a good deal of pain when the surface of the liver was touched, but that cutting through its substance hardly caused him any.

The old man appeared two months after, as prosecutor in his own case; he was in perfect health; there was a little puckering in of the skin about the wound, and the liver was evidently adherent beneath.—*London Med. Gaz.*, Jan. 16th, 1846.

43. *Resection of the entire Upper-Jaw.* By Dr. Heifelder, Clinical Professor of Erlangen.—A man, aged 23 years, was affected with a tumour which occupied the palatine vault, extending to the two superior maxillary bones; the nose was elevated and flattened, the *velum palati* drawn towards the tongue; the face was œdematous and deformed; respiration difficult; voice almost destroyed; sleep restless; the teeth were loose; the tumour was hard and insensible; there was no appearance of the cancerous cachexia. The only chance of preserving the patient was the removal of the superior maxilla. The operation was performed the 23d July in the following manner, in the presence of MM. Constadt, Seibold, and several others:—The patient being seated firmly in a chair, and his head reclining against the breast of an assistant, the operator made two parallel incisions, beginning at the external angle of each eye, extending downwards towards the commissures of the lips; a quadrangular flap was thus formed, which he dissected up and turned over on the forehead; a chain-saw was then passed into the left spheno-maxillary fissure dividing the left portion of the superior maxillary molar bones; a similar section was made in the same way on the right side, so as to separate entirely the maxillary bones from the ossa unguis and ethmoid above, solely by means of the chain-saw; some cuts of a scissors detached the vomer and other remaining adhesions, and then a slight force detached the whole osseous piece. The operation lasted three-quarters of an hour; the patient lost but little blood. During these proceedings the patient fainted three times, which caused a little delay. The flap was then drawn down to its proper position, and united to the contiguous parts by twenty-seven points of suture. Little fever followed, and in

four days the union of the wound was complete, and the patient swallowed with ease. On the 25th of August, he went out perfectly cured, with a very trifling deformity; a cleft fifteen lines long was to be seen in the situation of the vault of the palate; the uvula and velum palati were in their natural position; deglutition was free, and the patient could easily make himself understood.—*Dublin Med. Press*, Jan. 7, 1846, from *Walthur and Ammon's Journal fur Chirurgie.*

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44. *Compound Fracture of Os Frontis in a child 18 months old,—three pieces of Bone remaining in the Cerebrum during four months. Recovery.* By Thomas Inman, M.D. —Isabella Oliver, aged 18 months, was brought to the Infirmary in her mother's arms, having just received a kick from a horse. On examination, an extensive fracture of the right frontal bone was discovered, with great loss of substance. The little finger was passed through the opening into the brain, which was extensively lacerated, but no fragments could be detected. The child did not appear to suffer from the injury. A little lint, dipped in cold water, was laid over the wound, with directions to the mother to keep it constantly wet, &c.

In a few days the brain was seen to be (superficially) in a sloughing condition, but no bad symptoms appeared. Six weeks afterwards the slough separated, excepting at one spot, where it adhered pertinaciously, evidently having very deep connections. The rest of the exposed surface was covered by healthy, florid granulations. Four months after the injury four pieces of bone were found in the wound, and readily extracted; they were all rough and dry, as if they had been dead a long time, of different sizes, but in all sufficient to cover a half-crown piece.

In six days from this time the wound had cicatrized completely. The union, however, was membranous only, and the brain could be distinctly seen to pulsate through it. Considerable pressure could be borne at this part without producing any particular effect.

No untoward symptom occurred at any time after the injury, if we except a slight debility while the slough was separating, indicated only by the weakness of the cry.

No other treatment was adopted than an occasional powder to open the bowels, and the continuance of water dressing.—*Report of Liverpool Path. Soc.*, *Edin. Med.* and *Surg. Journ.*, Oct. 1845.

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45. *Fractures of the Ribs.*—M. Lisfranc has introduced what is said to be a modification in the treatment of this accident, the importance of which experience confirms. Pressure exercised on an oval body acts with more force in the direction of the longest diameter; and the tranverse is generally greater than the antero-posterior diameter of the thorax. Accordingly, the pressure of a bandage, embracing the whole circumference of the chest, is greatest at the lateral parts, and thus must tend to press the ends of the bone *inwards*, instead of fulfilling the indication of directing them *outwards*. For the latter purpose compresses, about four inches wide, should be placed over the sternum; so graduated, that the antero-posterior not only equals but even exceeds the lateral diameter.

This principle of treatment is undoubtedly correct, and we believe it is admitted by Mr. Samuel Cooper and others; at the same time it is very seldom acted upon in this country, and perhaps in consequence of the omission, the bandages have frequently to be removed altogether, to obviate the pain produced in respiration by the fractured extremity of the bone.—*Ancell's Report* in *Ranking's Abstract*, vol. ii. from *Gaz. des Hopitaux*, July 8, 1845.

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46. *Amputation at the Ankle-Joint.*—Dr. Handyside, of the Royal Infirmary, Edinburgh, has forwarded us several papers containing cases intended to assist in forming an estimate of the relative merits of amputation below the knee and at the ankle-joint for caries of the joint and tarsus. He describes the method of operating by antero-posterior flaps, as practiced by Professor Syme, the soft parts of the heel being included in the posterior flap, and the flaps meeting transversely in front of the anterior margin of the lower end of the tibia; but Dr. Handyside recommends in preference a method by antero-lateral flaps. This operation is described as follows:—A strong bistoury was entered in front of the joint, and